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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number Filing Date 10/727,546 12/05/2003				To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY			HER THAN ALL ENTITY	
FOR NUM				ILED NU		MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A		
TO' (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	m	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addi	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small er additional 50 sheets or for 35 U.S.C. 41(a)(1)(G) and			ation size fee due ity) for each tion thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If	the difference in col	umn 1 is less than	r "0" in column		TOTAL]	TOTAL					
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	12/26/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	.Y	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 17	Minus	 20		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	3		= 1		x \$ =		OR	X \$210=	210	
	Application Size Fee (37 CFR 1.16(s))									ᆫ			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	210	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))		Minus	**				x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	*	Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									ı			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. Legal Instrument Examiner: If the "Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter" 20". If the "Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter" 3". If the "Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "3". If the Highest Number Perviously Paid For I'M THIS SPACE is												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. This recollection is estimated to these 12 minutes to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.